



# YMCA of WASHINGTON COUNTY

## Water Sharks Swim Team

Come join the fun! Ages 6-18 years.

### Registration Form Swim Team 2017-2018

(Please Print)

Swimmer Name \_\_\_\_\_ Age \_\_\_\_\_

Birthdate \_\_\_\_\_ Parents name \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Relationship to swimmer(s) \_\_\_\_\_ Phone number \_\_\_\_\_

8 and under must be able to swim 25 yards (one length) continuously, without assistance or floatation.

9 and up must be able to swim 50 yards (2 lengths) continuously, without assistance or floatation using 2 of the 4 competitive strokes (freestyle, backstroke, breaststroke or butterfly)

#### PARENT INFORMATIONAL MEETING (CHOOSE ONE)

- Thursday, Oct. 12 @ 6pm or Sunday, Oct. 15 @ 1pm

**New** swimmers will begin practice on **October 30<sup>th</sup>, 2017**

Returning swimmers will begin practice on **November 6<sup>th</sup>, 2017**

COACHES: Nivia Patterson – Kathy Dolan – Lyndsay Adrian

FEES: Swim Team Fee: \$150 per swimmer.

MUST have a YMCA membership (Youth 3-12 =\$75; Teen 13-18 =\$204)

#### PRACTICE DAYS AND TIMES:

Swimmer	Monday	Tuesday	Wednesday	Thursday
8 & under	5-5:45pm	No Practice	5:45-6:15pm	4-4:45pm
9 & 10 year olds	5:45-6:30pm	No Practice	6:15-6:45pm	4:45-5:30pm
11 & 12 year olds	6:30-7:30pm	No Practice	6:45-7:45pm	5:30-6:30pm
13 - 18 year olds	7:30-8:30pm	7:00-8:30pm	7:45-8:45pm	6:30-7:30pm

## YMCA of WASHINGTON COUNTY

121 E Main Street Washington, Ia. 52353 319-653-2141 [aquatics@washingtoney.org](mailto:aquatics@washingtoney.org)

**WWW.WASHINGTONY.ORG**



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## Water Sharks Swim Team

### RESPONSIBILITIES AND RELEASES

Liability – I understand that the YMCA assumes no responsibility for injuries or illnesses which I or any member of my family may sustain as a result of my physical condition resulting from my participation in any athletic activities, sports program, the use of any equipment, exercise or any other activities or programs. I acknowledge that I assume the risk for any and all injuries and illnesses, which may result from my or my family's participation in these activities. I hereby release and discharge the YMCA, its agents, and employees from any and all claims for injury, illnesses, death, loss, or damage, which I, or any member of my family may suffer as a result of my or my family's participation in these activities.

\_\_\_\_\_ **Signature**

**PHOTO TALENT RELEASE** – I give permission to the YMCA of Washington County to use, without limitation or obligation, photographs, film footage, or tape recordings which may include my or my family's image(s) or voice(s) for purposes of promotion or interpreting YMCA programs.

\_\_\_\_\_ **Signature**

As a leading nonprofit improving the nation's health, the Y supports all individuals in achieving their health goals. The Y is always striving to learn more about program improvement. To that end, we are requesting your permission to collect enrollment and assessment data.

I authorize and acknowledge that I have read, understand, and agree to the above.

\_\_\_\_\_ **Parent signature** **Date**